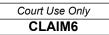
# **CLAIM FOR JURY**

JD-CL-53 Rev. 6-12 C.G.S. §§ 52-215, 52-258 Pr. Bk. §§ 14-4, 14-8, 14-10

# STATE OF CONNECTICUT SUPERIOR COURT

www.jud.ct.gov





Telephone number

860-657-1012

For Court Use Only

#### Instructions

- 1. This claim must be accompanied by the appropriate jury fee (Section 52-258 of the Connecticut General Statutes). 2. When pleadings are closed, a Certificate of Closed Pleadings (JD-CV-11) must also be filed.
- Return date Mar-30-2021 Docket number To: The Superior Court WWM-CV-21-5012142-S Name of case (Full name of Plaintiff v. Full name of Defendant) DOE, JANE v. HYDE SCHOOL AT SOUTH WOODSTOCK INC Address of court (Number, street, town and zip code) Judicial Housing Geographical X District Session Area number 155 CHURCH STREET PUTNAM, CT 06260 This case is claimed for the inventory of jury cases. (A certificate of closed pleadings must be filed before the case named above can be placed on the inventory of jury cases.)

Defendant's Attorney

Name of Law Firm, Attorney, or Self-Represented Party

### DAVID G. HILL & ASSOCIATES LLC

Mailing address (Number, street, town, state and zip code)

Plaintiff

# 180 GLASTONBURY BLVD SUITE 202 GLASTONBURY, CT 06033

Name and address of each party and attorney that copy was mailed or delivered to\* MOORE O'BRIEN & FOTI - 891 STRAITS TURNPIKE/MIDDLEBURY, CT 06762

### Certification

Claim filed by ("X" one) Plaintiff's Attorney

I certify that this claim is filed in accordance with section 52-215 of the Connecticut General Statutes and that a copy of this document was Aug-4-2021 mailed or delivered electronically or non-electronically on (date) to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Defendant

VERRILL DANA LLP - 355 R	IVERSIDE AVENUE/WESTPORT, CT 06880	
Signed (Signature of filer)	Print or type name of person signing	Date signed
▶ 309190	DAVID G HILL	Aug-4-2021
Mailing address (Number, street, town, state and zip code)		Telephone number
180 GLASTONBURY BLVD. SUITE 202 GLASTONBURY, CT 06033		860-657-1012

\*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.